

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 719454

FILING DATE

APPLICATION NO.

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
						IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/										
2	/					51					
3	/					52					
4	/					53					
5	/					54					
6	/					55					
7	/					56					
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43						92					
44						93					
45						94					
46						95					
47						96					
48						97					
49						98					
50						99					
51						100					
TOTAL IND.	6					TOTAL IND.					
TOTAL DEP.	25					TOTAL DEP.					
TOTAL CLAIMS	31					TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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